

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/596883</i>	FILING DATE					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/	-			53						
4			/	-			54						
5			/	-			55						
6			/	-			56						
7			/	-			57						
8			X	X			58						
9			X	X			59						
10			/				60						
11			/	-			61						
12			/	-			62						
13			/	-			63						
14			/	-			64						
15			X	X			65						
16			X	X			66						
17			/				67						
18			/				68						
19			/	-			69						
20			/	-			70						
21			/	-			71						
22			/	-			72						
23			/	-			73						
24			/				74						
25			/	-			75						
26			/	-			76						
27			/	-			77						
28			/	-			78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	6		↓							
TOTAL DEP.			←	18		←							
TOTAL CLAIMS					24								